



**SDI Review Form 1.6**

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| Journal Name:            | <a href="#">International Journal of TROPICAL DISEASE &amp; Health</a>                                           |
| Manuscript Number:       | Ms_IJTDH_35812                                                                                                   |
| Title of the Manuscript: | Laboratory based surveillance of Hand, Foot and Mouth disease in four provinces of Northern Thailand (2012-2016) |
| Type of the Article      | Original Research Article                                                                                        |

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

**PART 1: Review Comments**

|                                     | Reviewer's comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <b>Compulsory</b> REVISION comments | <p>-Please change coxsackievirus – with Coxsackievirus</p> <p>-Please change echovirus - with Echovirus</p> <p>-Please reassess the manuscript in terms of English. The manuscript is understandable but it is far from being suitable for publishing, for e.g In confirmed HFMD cases, 163 the proportion of male was higher than female, which is in consonance with the previous 164 studies This is also in conformation with similar earlier studies.</p> <p>- Although the study is limited in assessing the types of Enterovirus in Hand, Foot and Mouth disease, it would be interesting to add, also, other types of laboratory data, for e.g: changes in the WBCs, or clinical data like if you encounter severe manifestations or neurological manifestation at your patients.</p> <p>The manuscript might be published after a major revision that includes the changes that I suggested.</p> | <p>-To change coxsackievirus – with Coxsackievirus</p> <p>-To change echovirus - with Echovirus</p> <p>- 163-164, we agree with reviewer if this sentence is not suitable for publishing. Could be delete it,</p> <p>- 166, we also adding mention ref. no. 15 about the age group &lt;5 years old.</p> <p>- We agree with reviewer our study is only 2 types of enterovirus in HFMD in laboratory, and interesting to other lab data, but our lab have limited to received only stool sample and sample request form for virus detection, with patient's histories; checklist of fever, blisters (mouth, hands, feet) as below. We appreciate about your suggestion.</p> |
| <b>Minor</b> REVISION comments      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Optional/General</b> comments    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |